

NOTE: ALL SHEETS MUST BE REVIEWED

DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

Herbert S. Saffir Permitting and Inspection Center

11805 SW 26th Street (Coral Way), • Miami, Florida 33175-2474 • (786) 315-2000

PERMIT APPLICATION

IF SUBSIDIARY PROVIDE MASTER PERMIT NUMBER HERE																			
LOCATION OF IMPROVEMENTS Job Address <u>10245 SW 141 Ct.</u> Folio <u>30-5903-010-1300</u> Lot <u>44</u> Block <u>3</u> Subdivision <u>Royal Glen</u> PBpg <u>122-42</u> Metes and bounds _____	CONTRACTOR INFORMATION Contractor No. _____ Last four (4) digits of Qualifier No. _____ Contractor Name _____ Qualifier Name _____ Address _____ City _____ State _____ Zip _____																		
TYPE OF IMPROVEMENTS <table border="0"> <tr> <td><input type="checkbox"/> New Construction on Vacant Land</td> <td><input type="checkbox"/> Enclosure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Alteration Interior</td> <td><input type="checkbox"/> Repair</td> </tr> <tr> <td><input type="checkbox"/> Alteration Exterior</td> <td><input type="checkbox"/> Repair Due to Fire</td> </tr> <tr> <td><input type="checkbox"/> Relocation of Structure</td> <td><input type="checkbox"/> Demolish</td> </tr> <tr> <td><input type="checkbox"/> Short Term Event</td> <td><input type="checkbox"/> Shell Only</td> </tr> <tr> <td><input type="checkbox"/> New Roof</td> <td><input type="checkbox"/> Addition Attached</td> </tr> <tr> <td><input type="checkbox"/> Recovery (Roof)</td> <td><input type="checkbox"/> Addition Detached</td> </tr> <tr> <td><input type="checkbox"/> Permit by Affidavit</td> <td><input type="checkbox"/> Re-Roof</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Foundation Only</td> </tr> </table>	<input type="checkbox"/> New Construction on Vacant Land	<input type="checkbox"/> Enclosure	<input checked="" type="checkbox"/> Alteration Interior	<input type="checkbox"/> Repair	<input type="checkbox"/> Alteration Exterior	<input type="checkbox"/> Repair Due to Fire	<input type="checkbox"/> Relocation of Structure	<input type="checkbox"/> Demolish	<input type="checkbox"/> Short Term Event	<input type="checkbox"/> Shell Only	<input type="checkbox"/> New Roof	<input type="checkbox"/> Addition Attached	<input type="checkbox"/> Recovery (Roof)	<input type="checkbox"/> Addition Detached	<input type="checkbox"/> Permit by Affidavit	<input type="checkbox"/> Re-Roof		<input type="checkbox"/> Foundation Only	Current use of property <u>residential</u> Description of Work <u>Garage Conversion</u> Sq. Ft. <u>530</u> Units <u>1</u> Floors <u>1</u> Value of Work <u>\$5,000.</u>
<input type="checkbox"/> New Construction on Vacant Land	<input type="checkbox"/> Enclosure																		
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PERMIT TYPE <input checked="" type="checkbox"/> Building* Category <u>02</u> <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> LPGX CHANGE TO AN EXISTING PERMIT <input type="checkbox"/> Chg. Contractor <input type="checkbox"/> Re-Issue <input type="checkbox"/> Extension <input type="checkbox"/> Supplement <input type="checkbox"/> Reinspection	OWNER'S NAME Owner <u>Marcos Alvarez</u> Address <u>10245 SW 141 Ct.</u> City <u>Miami</u> State <u>FL</u> Zip <u>33186</u> Phone <u>(786) 547-7109</u> Last four (4) digits of Owner's Social Security No. <u>6088</u>																		
PERSON TO PICK UP PLANS Name <u>MARCOS ALVAREZ</u> Address <u>10245 SW 141 Ct.</u> City <u>Miami</u> State <u>FL</u> Zip <u>33186</u> Phone <u>(786) 547-7109</u>	ARCHITECT ENGINEER Name <u>DNB Design Group</u> Address <u>2020 Ponce de Leon Blvd #1103</u> City <u>Coral Gables</u> State <u>FL</u> Zip <u>33134</u> Phone <u>cell: (407) 353-8439</u>																		
BONDING Name _____ Address _____ City _____ State _____ Zip _____ Phone _____	MORTGAGE LENDER Name _____ Address _____ City _____ State _____ Zip _____ Phone _____																		

*See reverse side for Building Category

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate permits are required for **ELECTRICAL, PLUMBING, SIGNS, POOLS, MECHANICAL, WINDOW, SHUTTERS and ROOFING WORK** and there may be additional permits required for other governmental entities.

OWNER'S/PERMIT APPLICANT AFFIDAVIT I certify that all of the foregoing information is accurate and that I have no unpaid civil penalties, administrative hearing cost investigative, enforcement, testing or monitoring costs or unpaid liens which are owed to Miami-Dade County.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY IF YOU INTEND TO OBTAIN FINANCING. CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

"The issuance of the permit does not relieve the property owner from obtaining homeowner's association approval (if required) prior to beginning any work and in no way authorizes work which is in violation of any subdivision map or regulations."

Signature of Owner or Owner's Agent Marcos Alvarez
 PRINT NAME MARCOS ALVAREZ

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this 6th

day of February 2016
 Signature of Notary Public [Signature] Notary Public
 Print Name Run Peter

Signature of Notary Public [Signature]
 Print Name Run Peter

(SEAL) NOTARY PUBLIC
 EXPIRES: November 3, 2018
 Bonded Thru Budget Notary Services

Personally known [Signature]
 or Produced Identification _____

Signature of Qualifier _____
 PRINT NAME _____

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____, 20____

day of _____, 20____
 Signature of Notary Public _____
 Print Name _____

Signature of Notary Public _____
 Print Name _____

(SEAL) _____

Personally known _____
 or Produced Identification _____